

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

FEB 19 2024

@ 12:55pm

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Sheri A. Sharer

3. Address (include PO Box or Street, City, State, Zip Code):

7802 Davis Street
Port Richey FL 34668

4. Telephone:

(813) 255-9288

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Sheri.baby20002000@yahoo.com

7. Office Sought (include district, circuit, group, or seat #):

Port Richey Council member 1 year

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Sheri A. Sharer

12. Telephone:

(813) 255-9288

13. Email Address:

Sheri.baby20002000@yahoo.com

14. Mailing Address:

7802 Davis Street

15. City:

Port Richey

16. State:

FL

17. Zip Code:

34668

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Trust

20. Address:

8939 Little Road

21. City:

New Port Richey

22. County:

Pasco

23. State:

FL

24. Zip Code:

34654

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: Feb 19, 2024

noisy

26. Signature of Candidate:

X Sheri A. Sharer

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Sheri A. Sharer
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: February 19, 2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Sheri A. Sharer